



Planning, Building and Code Enforcement 200 East Santa Clara Street San José, CA 95113-1905 tel (408) 535-3555 fax (408) 292-6055 Website: www.sanjoseca.gov/planning

#### DEVELOPMENT VARIANCES AND EXCEPTION

#### **INSTRUCTIONS**

Please prepare the plans, forms and other required information listed below and return them, by appointment, to the Department of Planning, Building and Code Enforcement. Applications will only be accepted for processing if they are complete.

- 1. Completed Application Forms. A separate application shall be filed for each site. Each application shall be signed by all owners of the real property included in the site or by a person having the lawful power of attorney or by a qualified tenant. The application may designate an agent who has full authority to act on behalf of the applicant, except that the agent may not sign the application, acceptance or withdrawal. Original signatures are required. A qualified tenant means the exclusive tenant of the entire site and parcel subject to the application, under a recorded lease, which has a remaining term of five or more years at the time of application. A copy of the recorded lease must be included with this application.
- 2. **Description of Parcel Property.** A legible, separate legal metes and bounds description on a 8 1/2" x 11" page(s) covering the area of this application, or lot and tract numbers on on a 8 1/2" x 11" page(s) with a copy of the recorded tract map attached, and a plot map delineating the permit area.
- County Assessor's Map. One copy of an APN map showing the subject property. This map can be obtained from the County Assessor's Office at 70 West Hedding, 5th floor or from the Development Services Center, City Hall.

- 4. Noticing the Neighborhood. Refer to the Public Outreach Policy for a full description of the City's public notification procedures. Public Hearing notices will be mailed for development proposals at least 10 calendar days before the date set for hearing for a project. Notices will be sent to all property owners and residents within 300 feet for Very Small projects, 500 feet for Standard Development Proposals and a minimum of 1,000 feet for large or controversial projects as detailed in the Public Outreach Policy.
- 5. **Development Plan Sets.** Ten (10) plan sets (24" x 36") drawn to scale that include:
  - Site Plan: Include all property lines, existing and proposed buildings, landscaping, trees, parking, circulation and adjacent uses.
  - b. Building Elevations: dimensioned elevations of all exterior walls and/or signs applicable to the Variance request (i.e. height variance, sign variance).
  - plus One legible black line plan set, reduced to 11" x 17", must be submitted with your application.
- Environmental Review. A complete application for the appropriate environmental document or some evidence that environmental review has been completed for this project.
- **8. Fees.** An application fee (see fee schedule), plus a fee for the appropriate environmental application.

Please call our Appointment Desk at (408) 535-3555 for an application appointment.





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# **DEVELOPMENT VARIANCE AND EXCEPTION APPLICATION**

TO BE COMPLETED BY PLANNING DIVISION STAFF

| FILE NUMBER                           |  | DISTRICT                               | RECEIPT #:  |  |  |  |  |  |
|---------------------------------------|--|--|-------------|--|--|--|--|--|
| PROJECT LOCATI                        | ON   | AMOUNT:                                |             |  |  |  |  |  |
| ZONING                                | DNING GENERAL PLAN QUAD NUMBER                                     |  | DATE:       |  |  |  |  |  |
|                                       |  |  | BY:         |  |  |  |  |  |
| TO BE COMPLETED BY THE APPLICANT      |  |  |             |  |  |  |  |  |
|                                       |  | (PLEASE PRINT OR TYPE)                 |             |  |  |  |  |  |
| ADDRESS OF SUE                        | BJECT PROPERTY:  |  |             |  |  |  |  |  |
| ASSESSOR'S PARCEL NUMBER(S) (APN) GRO |  | GROSS ACREAGE                          | NET ACREAGE |  |  |  |  |  |
| EXISTING USE OF                       | EXISTING USE OF PROPERTY  ESTIMATED DATE OF OCCUPANCY (MONTH/YEAR) |  |             |  |  |  |  |  |
| VARIANCE REQU                         | ESTED FOR:   |  |             |  |  |  |  |  |
| VARIANCE FROM                         | CODE SECTION   | ······································ |             |  |  |  |  |  |
| DESCRIBE REASC                        | DESCRIBE REASONS FOR VARIANCE/EXCEPTION REQUEST:                   |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |
|                                       |  |  |             |  |  |  |  |  |

# **AFFIDAVIT OF OWNERSHIP**

| 1.            | The undersigned are all the owners of all the property des  |   |   |  |   |  |  |
|---------------|---|---|---|--|---|--|--|
|               | Property, or tenants of the entire subject site with a record   | ded leas  | e and a   | term rei   | maining of a  | t least five years.  |  |
| 2.            | The development plans a part of this application show the exact location, size, and use of all easements on the subject site and all easement on surrounding properties benefiting the subject property.  |   |   |  |   |  |  |
| 3.            | If there are any existing active or deactivated water wells on your property, they must be shown on your plans. The property which is the subject of this application:  |   |   |  |   |  |  |
|               | does contain existing active or deactivated water we this applicationdoes not contain existing active or deactivated water  |   | hey are   | e shown  | on the plans  | s accompanying   |  |
| 4.            | In conformance with Section 65962.5 of the California Government Code, and as owner(s) of the property referenced below, I(we) hereby certify that I(we) have reviewed the list of Hazardous Waste and Substance Sites within the City of San Jose, as compiled by the State Office of Planning and Research.  The property which is the subject of the above-referenced application is is not included on said list.   |   |   |  |   |  |  |
|               | If included on the List, the listed item reads as follows:  |   |   |  |   |  |  |
|               |   |   |   |  |   |  |  |
|               |   |   |   |  |   |  |  |
| THE U<br>PROJ | JNDERSIGNED HEREBY DECLARE THAT THEY UNDERS   | TAND T  | HE FO   | LLOWIN   | IG APPLIES  | TO THEIR   |  |
| 5.            | Notice to Applicants regarding effect of Wastewater treatment capacity on land development approvals. Part 2.75 of Chapter 15.12 of the San Jose Municipal Codes requires that an applicant acknowledge the effect of Wastewater treatment capacity on Land development approvals at the time of application. As owner (s) of the property subject to this development application, I(we) hereby acknowledge the requirements of the Municipal Code, as stated below, and understand that these requirements will apply to the development permit for which I(we) am(are) applying. |   |   |  |   |  |  |
|               | Pursuant to Part 2.75 of Chapter 15.12 of the San Jose M shall accrue as the result of the granting of any land dever City Manager makes a determination that the cumulative Clara Water Pollution Control Plant represented by approximate the total sewage treatment demand to meet or excepollution Control to treat such sewage adequately and with the State of California Regional Water Quality Control Boat conditions designed to decrease sanitary sewage associated approving authority.   | lopment<br>sewage<br>wed land<br>eed the<br>thin the<br>ard for the | appro<br>treatmed<br>uses<br>capacit<br>dischar<br>de San | vals and<br>ent dema<br>in the ard<br>y of the<br>ge stanc<br>Francisc | applications and on the S ea served by San Jose-Sa lards impose o Bay Regio | s when and if the san Jose-Santa / said Plant will anta Clara Water ed on the City by n. Substantive |  |
| RINT NAM      | ME OF PROPERTY OWNER  |   | DAYT  | ME TEL   | EPHONE #  | FAX TELEPHONE #  |  |
| DDRESS        |   | CITY  | (   | )  | STATE   | ZIP CODE   |  |
| AME OF F      | FIRM, IF APPLICABLE   | TITLE OF  | ROTHE   | ER OFFI  | CIAL CAPAC  | CITY]  |  |
| IGNATURI      | E (PRINT NAME IF DIFFERENT THAN THE ABOVE PROPE   | RTY OW  | NER)  |  | DATE  |  |  |
| 1 PLF         | ASE STATE IF YOU ARE A PARTNER, PRESIDENT, VICE-PRE   | SIDENT  | FTC   |  |   |  |  |
|               | E ARE ADDITIONAL PROPERTY OWNERS DIFASE LISE THE FO   |   |   | TO DDC   | WIDE THE A  | POVE INFORMATION   |  |

## AFFIDAVIT OF OWNERSHIP

(ONLY FOR ADDITIONAL PROPERTY OWNERS)

| THE UNDERSIGNED HEREBY DECLARE THAT ITEMS 1 TH<br>AND CORRECT, AND DECLARE THAT THEY UNDERSTA<br>APPLIES TO THEIR PROJECT: |                                   |                                   |             |                   |  |  |
|--|-----------------------------------|-----------------------------------|-------------|-------------------|--|--|
| PRINT NAME OF PROPERTY OWNER   |                                   | DAYTIME TELE                      | PHONE #     | FAX TELEPHONE #   |  |  |
|  |                                   | ( )                               |             | ( )               |  |  |
| ADDRESS  | CITY                              |                                   | STATE       | ZIP CODE          |  |  |
| NAME OF FIRM, IF APPLICABLE  | TITLE OR OTHER OFFICIAL CAPACITY] |                                   |             |                   |  |  |
| SIGNATURE  | <b> </b>                          |                                   | DATE        |                   |  |  |
| PRINT NAME OF PROPERTY OWNER   |                                   | DAYTIME TELE                      | EPHONE #    | FAX TELEPHONE #   |  |  |
| ADDRESS  | CITY                              |                                   | STATE       | ZIP CODE          |  |  |
| NAME OF FIRM, IF APPLICABLE  | TITLE O                           | TITLE OR OTHER OFFICIAL CAPACITY] |             |                   |  |  |
| SIGNATURE  | •                                 |                                   | DATE        |                   |  |  |
| PRINT NAME OF PROPERTY OWNER   |                                   | DAYTIME TELE                      | PHONE #     | FAX TELEPHONE #   |  |  |
| ADDRESS  | CITY                              |                                   | STATE       | ZIP CODE          |  |  |
| NAME OF FIRM, IF APPLICABLE  | TITLE O                           | E OR OTHER OFFICIAL CAPACITY]     |             |                   |  |  |
| SIGNATURE  | <b>,</b>                          |                                   | DATE        |                   |  |  |
| PRINT NAME OF PROPERTY OWNER   |                                   | DAYTIME TELE                      | PHONE #     | FAX TELEPHONE #   |  |  |
| ADDRESS  | CITY                              | •                                 | STATE       | ZIP CODE          |  |  |
| NAME OF FIRM, IF APPLICABLE  | TITLE O                           | TITLE OR OTHER OFFICIAL CAPACITY] |             |                   |  |  |
| SIGNATURE  | •                                 |                                   | DATE        |                   |  |  |
| ] PLEASE STATE IF YOU ARE A PARTNER, PRESIDENT, VICE-F   | PRESIDENT,                        | ETC                               | •           |                   |  |  |
| IF THERE ARE ADDITIONAL PROPERTY OWNERS, PLEASE ATTACH INFORMATION.  | A SEPARATE                        | E COPIES OF THIS                  | S PAGE TO F | PROVIDE THE ABOVE |  |  |

| CONTACT PERSON  |  |                |                             |                 |          |  |  |  |
|---|--|----------------|-----------------------------|-----------------|----------|--|--|--|
| That for the purpose of processing and coordination of this application, the following person is my (our) designated representative/contact person: |  |                |                             |                 |          |  |  |  |
| PRINT NAME OF CONTACT PERSON  |  |                | NAME OF FIR                 | RM, IF APPLICAE | BLE      |  |  |  |
|   |  |                |                             |                 |          |  |  |  |
| ADDRESS   | CI   | TY             | S                           | STATE           | ZIP CODE |  |  |  |
| DAYTIME TELEPHONE #   | FAY TELEBLIONE #                           |                | DDDECC                      |                 |          |  |  |  |
|   | FAX TELEPHONE #                            | E-MAIL AI      | DDKE22                      |                 |          |  |  |  |
|   | ( )  |                |                             |                 |          |  |  |  |
| PROJECT DEVELOPER   |  |                |                             |                 |          |  |  |  |
| PRINT NAME OF PROJECT DEVEL   | OPER (IF DIFFERENT THAN OWNER              | ₹)             | NAME OF FIRM, IF APPLICABLE |                 |          |  |  |  |
|   |  |                |                             |                 |          |  |  |  |
| ADDRESS   | CI   | CITY           |                             | STATE           | ZIP CODE |  |  |  |
| DAYTIME TELEDIJONE //   | FAX TELEPHONE #                            | - MAII AI      |                             |                 |          |  |  |  |
| DAYTIME TELEPHONE #   |  | E-MAIL ADDRESS |                             |                 |          |  |  |  |
|   |  |                |                             |                 |          |  |  |  |
|   | ARCHITECT and EN                           | IGINEE         |                             |                 |          |  |  |  |
| PRINT NAME OF ARCHITECT   |  |                | NAME OF FIRM, IF APPLICABLE |                 |          |  |  |  |
|   |  |                |                             |                 |          |  |  |  |
| ADDRESS   | CI   | TY             | S                           | STATE           | ZIP CODE |  |  |  |
| DAYTIME TELEDIJONE //   | FAV TELEDIJONE //                          | <u> </u>       |                             |                 |          |  |  |  |
| DAYTIME TELEPHONE #   |  |                | DDRESS                      |                 |          |  |  |  |
| ( )   | ( )  |                | LNAME OF FIE                |                 | N.F.     |  |  |  |
| PRINT NAME OF ENGINEER  |  |                | NAME OF FIRM, IF APPLICABLE |                 |          |  |  |  |
| ADDRESS CITY  |  |                | <u>I</u><br>S               | STATE           | ZIP CODE |  |  |  |
|   |  |                |                             |                 |          |  |  |  |
| DAYTIME TELEPHONE #   | DAYTIME TELEPHONE # FAX TELEPHONE # E-MAIL |                |                             |                 |          |  |  |  |
| ( )   | ( )  |                |                             |                 |          |  |  |  |





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### **DEVELOPMENT APPLICATION CHECK SHEET**

| <b>NOTICE TO APPLICANT:</b> <i>Do not complete</i> this form. Present at time of application. Your application will be accepted <i>only</i> if <i>all</i> items are included in correct form and numbers. Please be advised, however, that the items on this |   |  |                  |                  |  |  |
|--|---|--|------------------|------------------|--|--|
| check sheet do not necessarily constitute a complete application. Additional items may be required to complete the   |   |  |                  |                  |  |  |
|  | your project.   | STAFF                                      |                  |                  |  |  |
| FILE NUMBER  |   |  |                  | DATE<br>RECEIVED |  |  |
| REQUIRED<br>COPIES   | Signature(s) of owner(s) listed above DOCUMENTS   |  |                  |                  |  |  |
| 1  | APPLICATION FORM correctly filled out   |  |                  |                  |  |  |
|  | Applicant(s) - listed as owner(s) or agent  | Applicant(s) - listed as owner(s) or agent |                  |                  |  |  |
|  | Architects Engineers Developers and Cont  | act Parson idar                            | atified          |                  |  |  |
|  | <ul><li>Architects, Engineers, Developers and Contact Person identified</li><li>Affidavit Page signed by owner(s)</li></ul> |  |                  |                  |  |  |
| 1  | LEGAL DESCRIPTION   |  |                  |                  |  |  |
|  | ☐ Single metes and bounds description of entire property or   |  |                  |                  |  |  |
|  | Lot and tract number from recorded subdivision map, and copy of said tract map  |  |                  |                  |  |  |
| 1  | COUNTY ASSESSOR'S MAP   | -  |                  |                  |  |  |
|  | <b>DEVELOPMENT PLAN</b> (consult application instruction specific requirements)   | ctions for                                 | FEE CALCULATION: |                  |  |  |
| 7 sets   | ☐ Attached in sets in correct order   |  |                  |                  |  |  |
|  | Title Sheet   |  |                  |                  |  |  |
| 10 extra   | ☐ Site Plan☐ Grading and drainage   |  |                  |                  |  |  |
|  | Floor Plans   |  |                  |                  |  |  |
| 1 extra  | ☐ Building Elevations☐ Landscape plan   |  |                  |                  |  |  |
|  | Details   |  |                  |                  |  |  |
| 1 extra  | ☐ Reduced Plan Set to 11" x 17"   |  |                  |                  |  |  |
|  | ENVIRONMENTAL REVIEW  |  |                  |                  |  |  |
| 5<br>1   | <ul><li>Draft EIR or</li><li>Completed Application for Environmental CI</li></ul>   | earance                                    |                  |                  |  |  |
| ·  | which includes:   | ou. u. 100                                 |                  |                  |  |  |
|  | 300' Mailing List & envelopes<br>Photographs  |  |                  |                  |  |  |
|  | Vicinity and location maps  |  |                  |                  |  |  |
| 1  | Signed disclosure forms or  |  |                  |                  |  |  |
| 1  | <ul><li>Request for Environmental Exemption or</li><li>Some evidence that environmental review h completed</li></ul>        | as been                                    |                  |                  |  |  |
|  | FEES  ☐ Application Fees ☐ Surchar  | ges  | ☐ Environme      | ntal Fees        |  |  |
|  |   | <u> </u>                                   |                  |                  |  |  |